Abstract citation ID: igad104.0513

DISCRIMINATION IS ASSOCIATED WITH HIGHER ODDS OF HOSPITALIZATIONS AMONG OLDER AFRICAN AMERICANS
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Everyday discrimination—experiences of being treated unfairly based on background characteristics like race—is linked to poor physical and mental health throughout the lifespan. Whether more experiences of discrimination are associated with higher likelihood of being hospitalized in older African Americans has not been explored. Hospitalization can represent both poor health and healthcare access. Participants were community-dwelling African Americans from the Rush Memory and Aging Project or Minority Aging Research Study, longitudinal studies of aging (N=301 with at least 12 months linked Medicare fee-for-service claims; mean age 72.5 years (standard deviation [SD]: 5.7), 79% female). Discrimination was assessed using the Detroit Area Study Everyday Discrimination Scale. Hospitalizations (sub-categorized as elective/non-elective, surgical) were quantified using Medicare claims. Mixed-effects ordinal logistic regression models tested associations between baseline discrimination and subsequent odds of hospitalizations per year (0, 1, 2+). The mean baseline discrimination score was 1.7 (SD: 2.2). Over an average 6.5 years (SD: 4.1), 160 participants had at least 1 hospitalization (respectively, 118, 87, and 127 participants had at least 1 nonelective, elective, or surgical hospitalization). Adjusting for age, sex, education, income, depressive symptoms, and medical comorbidity, more experiences of discrimination were associated with higher odds of hospitalization (odds ratio [OR] per point higher on discrimination score=1.12, 95% CI: 1.03-1.22), and higher odds of nonelective (OR=1.12, 95% CI: 1.01-1.24), but not surgical or elective hospitalizations. Drivers of these associations, which may include preventive healthcare avoidance due to discrimination or poor health due to the chronic stress response to discrimination, should be explored.
been conducted with 154 Elders representing 20 participating communities across the State of Alaska to explore the concept of successful aging from an Alaska Native perspective, or what it means to age in a good way in Alaska. Among Alaska Native Elders is their commitment and passion for sharing their teachings with the youth. Generativity is concerned with using personal resources to improve the quality of life for future generations. While not commonly used in gerontological research, generativity is important guidance to Tribal governments and public health authorities, as it can help inform disaster management strategies for AIAN communities.

The gerontological literature predominantly focuses on aging-related losses and less on the gifts we acquire as we grow older. The role of generativity in passing on disaster-related information is one way to learn how Elders' knowledge is valued and utilized during a storm, and the important role of Elders in teaching cultural perceptions of disaster management. Elders also described how culture shaped disaster management, specifically being generative, or passing on disaster-related information in the form of traditional practices to follow during a storm, and the important role of Elders in teaching family members about the role of generativity in passing on disaster-related information. This study focused on differences for current service utilization, satisfaction, and perceived future service needs/use among rural versus frontier-residing older adults. Frontiers respondents reported fewer years of education, lower monthly income, and lower satisfaction with community knowledge, AIAN Elders also serve as guides for telehealth. The percentage of older adults living in rural areas is predicted to rise with population aging. This impacts access to resources, creates barriers to effective aging, and promotes a unique aging experience. Consequently, demands are already experiencing healthcare disparities. This symposium is a unique opportunity for attendees to be engaged in the rapidly changing families in the Arctic. The symposium is sponsored by the National Institute for Special Education, special education, and the Commission on Children's Rights, special education, and the Commission on Children and Youth, special education, and the Commission on Children's Rights.